

# M22000012790

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)900-2290

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: documents@incorp.com

**Foreign Limited Liability Company  
Side LFRO LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

AUG 15 2022

2022 AUG 15 PM 6:25

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Side LFRO LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jaycie Howard

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway, Suite 500S

Address

Las Vegas, Nevada 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaycie Howard for InCorp Services, Inc.

(702) 866 - 2500

Name of Contact Person

at

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Side LFRO LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(EIN number, if applicable)

4. Upon Registration

(Date first transacted business in Florida, if prior to registration.)  
(See sections 602.0904 & 605.0903, P.S. to determine penalty liability)

5. 580 4th Street

(Street Address of Principal Office)

6. 580 4th Street

(Mailing Address)

San Francisco, CA 94107

San Francisco, CA 94107

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

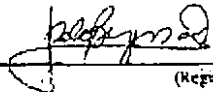
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

 Isabel Burgos on behalf of Incorp Services, Inc.  
(Registered agent's signature)

2022 AUG 15 PM 1:30

FILED

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**

☒ Manager      Name: Scott Dickinson

☐ Member      Address: 580 4th Street

☐ Authorized      San Francisco, CA 94107

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☒ Manager      Name: Spencer Krull

☐ Member      Address: 580 4th Street

☐ Authorized      San Francisco, CA 94107

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☒ Manager      Name: Casey McLeod

☐ Member      Address: 580 4th Street

☐ Authorized      San Francisco, CA 94107

Person \_\_\_\_\_

☐ Other                  ☐ Other \_\_\_\_\_

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kevin Gloia</u>
<input type="checkbox"/> Member	Address: <u>580 4th Street</u>
<input type="checkbox"/> Authorized	<u>San Francisco, CA 94107</u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

☒ Manager      Name: Jacob Lyman

☐ Member      Address: 580 4th Street

☐ Authorized      San Francisco, CA 94107

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☒ Manager      Name: Stephen Merkle

☐ Member      Address: 580 4th Street

☐ Authorized      San Francisco, CA 94107


Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Signature of an authorized person

Jacob Lyman  
Typed or printed name of signor

**Florida Department of State**  
**New Filing Section**  
**Division of Corporations**

Application by Foreign Limited Liability Company for Authorization to Transact  
Business in Florida

**Side LFRO LLC**  
(continued)

**Section 8:** For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage. **Important Notice:** Use an attachment to report more than six (6).

**Title or Capacity:**

**Name and Address:**

Manager

Donnie Pingaro  
580 4th Street  
San Francisco, CA 94107

Manager

Lisa Swanson  
580 4th Street  
San Francisco, CA 94107

Manager

Tamra Taylor  
580 4th Street  
San Francisco, CA 94107

Manager

Cathy Trevino  
580 4th Street  
San Francisco, CA 94107

Manager

William Wiard  
580 4th Street  
San Francisco, CA 94107

Manager

John Wollberg  
580 4th Street  
San Francisco, CA 94107

Manager

Allison Wopschall  
580 4th Street  
San Francisco, CA 94107

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIDE LFRO LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIDE LFRO LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6591788 8300

SR# 20223253752

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204153428

Date: 08-12-22